

In re William D. Pfleger Jr. and Deborah A. Pfleger,
Debtor(s)

Case No. 12-18362
(if known)

SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Primary Residence located at 14 Woodside Avenue, Temple PA 19560 Single family home with 4 bedrooms and 1 bathroom		J	\$110,000.00	\$238,190.29
TOTAL \$			110,000.00	

No continuation sheets attached

(Report also on Summary of Schedules.)

In re William D. Pfleger Jr. and Deborah A. Pfleger

Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		<i>Cash on hand</i> <i>Location: In debtor's possession</i>	J	\$5.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Dep. Second Change Checking Account with Woodforest National Bank</i> <i>Location: In debtor's possession</i>	J	\$0.71
		<i>Personal Sterling Advantage Checking Account with Woodforest National Bank</i> <i>Location: In debtor's possession</i>	J	\$282.42
		<i>Savings Account with Woodforest National Bank</i> <i>Location: In debtor's possession</i>	J	\$407.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Household goods and furnishings consisting of: bed, 2 dressers, computer cabinet, small book cabinet, small bench, corner tv cabinet, bed, desk, dresser, 2 dressers, single bed, child size bed, desk, tv cabinet, childrens table w/2 chairs, tv bed, dresser, sofa, love seat, coffee table, 2 chairs, 2 end tables, rocking chair, tv cabinet, microwave, table, gas stove, sprice cabinet, chair, refrigerator, washer, dryer</i> <i>Location: In debtor's possession</i>	J	\$500.00

In re William D. Pfleger Jr. and Deborah A. Pfleger
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Case No. 12-18362
(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		wearing apparel usual items not worth over \$300.00 aggregate in value of \$4,000.00. Location: In debtor's possession	J	\$4,000.00
7. Furs and jewelry.		Jewelry Location: In debtor's possession	J	\$1,000.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			

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(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles and accessories.		1992 Ford 350 Crew Cab with 196,000 miles in poor condition Location: In debtor's possession	H	\$400.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

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SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$146,450.*

(Check one box)

☒ 11 U.S.C. § 522(b) (2)

☐ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Primary Residence	11 USC 522(d) (1)	\$ 0.00	\$ 110,000.00
Cash on hand	11 USC 522(d) (5)	\$ 5.00	\$ 5.00
Dep. Second Change Checking Account with Woodforest National Bank	11 USC 522(d) (5)	\$ 0.71	\$ 0.71
Personal Sterling Advantage Checking Account with Woodforest Nat	11 USC 522(d) (5)	\$ 282.42	\$ 282.42
Savings Account with Woodforest National Bank	11 USC 522(d) (5)	\$ 407.00	\$ 407.00
Household goods and furnishings	11 USC 522(d) (3)	\$ 500.00	\$ 500.00
Wearing Apparel	11 USC 522(d) (3)	\$ 4,000.00	\$ 4,000.00
Jewelry	11 USC 522(d) (4)	\$ 1,000.00	\$ 1,000.00
1992 Ford 350 Crew Cab	11 USC 522(d) (2)	\$ 400.00	\$ 400.00
Page No. <u>1</u> of <u>1</u>			

* Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
	H--Husband W--Wife J--Joint C--Community					
Account No: Creditor # : 1 Alsace Township 65 Woodside Avenue Temple PA 19560	J 2010 Sewer Charges Value: \$ 0.00				\$ 777.80	\$ 777.80
Account No: Creditor # : 2 County of Berks Community Development Office 633 Court St Reading PA 19601	J 11/2009 Mortgage Lien Primary Residence Value: \$ 110,000.00				\$ 5,000.00	\$ 5,000.00
Subtotal \$ (Total of this page)					\$ 5,777.80	\$ 5,777.80
Total \$ (Use only on last page)						

1 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

B6D (Official Form 6D) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:	J	12/2005				\$ 15,000.00	\$ 15,000.00
Creditor # : 3 County of Berks Community Development Office 633 Court St Reading PA 19601		Mortgage Lien Primary Residence Value: \$ 110,000.00					
Account No: 3553	J	2006				\$ 34,191.28	\$ 34,191.28
Creditor # : 4 Fay Servicing 939 W North Avenue Suite 680 Chicago IL 60642		Second Mortgage Primary Residence Value: \$ 110,000.00					
Account No: 0017	J	1/2006				\$ 183,999.01	\$ 73,999.01
Creditor # : 5 US Bank National Association 1100 Corporate Center Drive Raleigh NC 27607		Mortgage Primary Residence Value: \$ 110,000.00					
Account No: 0017		Phelan Hallinan & Schmeig LLP 1617 JFK Blvd., Suite 1400 Philadelphia PA 19103 Value:					
Representing: US Bank National Association							
Account No: 0017		America's Servicing 8480 Stagecorach Cir Frederick MD 21701-4747 Value:					
Representing: US Bank National Association							
Subtotal \$						\$ 233,190.29	\$ 123,190.29
(Total of this page)							
Total \$						\$ 238,968.09	\$ 128,968.09
(Use only on last page)							

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors

Holding Secured Claims

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re William D. Pfleger Jr. and Deborah A. Pfleger,

Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

No continuation sheets attached

B6F (Official Form 6F) (12/07)

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0895 Creditor # : 1 Cardiology Assoc of West Rdg 301 S. 7th Avenue Suite 2020 Reading PA 19611	W	2012 Medical Bill				\$ 35.00
Account No: 0895 Representing: Cardiology Assoc of West Rdg		Berks Credit & Collections 900 Corporate Drive Reading PA 19605				
Account No: 1841 Creditor # : 2 Doubleday Book Club Member Service Center PO BOX 916400 Rantoul IL 61866-6400	W	2010 Unseucred				\$ 83.00
Subtotal \$						\$ 118.00
Total \$						

13 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
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Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
H--Husband W--Wife J--Joint C--Community						
Account No: 1841 Representing: Doubleday Book Club		NTL Recovery Agency 2491 Paxton Street Harrisburg PA 17111				
Account No: 3480 Creditor # : 3 Doubleday Book Club Member Service Center PO BOX 916400 Rantoul IL 61866-6400	W	2012 Unsecured				\$ 211.00
Account No: 3480 Representing: Doubleday Book Club		Torres Credit Services 27 Fairview Carlisle PA 17013				
Account No: 3644 Creditor # : 4 EG Smith Inc. 3333 Penn Avenue PO BOX 2657 Reading PA 19609	W	2012 Unsecured				\$ 1,241.33
Account No: 3644 Representing: EG Smith Inc.		Accounts Advocate Agency, Inc. PO BOX 227 Hamburg PA 19526				
Sheet No. <u>1</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ \$ 1,452.33 Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

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(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7011 Creditor # : 5 Emergency Phy Assoc of PA PC PO BOX 740021 Cincinnati OH 45274-0221	W	2011 Medical Bill				\$ 811.00
Account No: 7011 Representing: Emergency Phy Assoc of PA PC		Akron Billing Center 262C Ridgewood Rd Ste 300 Akron OH 44313-3527				
Account No: 85-1 Creditor # : 6 Ent Head and Neck Specialist 985 Berkshire Blvd Suite 101 Reading PA 19610	W	8/2011 Medical Bill				\$ 445.00
Account No: 3030 Creditor # : 7 First Credit Corp PO BOX 9300 Boulder CO 80301-9300	J	05/2012 Installment Loan				\$ 2,466.00
Account No: 2609 Creditor # : 8 First Premier Bank PO BOX 5519 Sioux Falls SD 57117-5519	H	3/2012 Credit Card Wife authorized user on account				\$ 445.34

Sheet No. 2 of 13 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 4,167.34

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

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(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 0930 Creditor # : 9 First Premier Bank PO BOX 5519 Sioux Falls SD 57117-5519	H	2010 Credit Card Wife authorized user on account				\$ 277.07
Account No: 7878 Creditor # : 10 First Premier Bank PO BOX 5519 Sioux Falls SD 57117-5519	W	Credit Card				\$ 331.79
Account No: 1369 Creditor # : 11 JM Winston Radiology Assoc PO BOX 5829 415 Reading Ave Reading PA 19610	W	2012 Medical Bill				\$ 26.00
Account No: 1369 Representing: JM Winston Radiology Assoc		Apex Asset Management 1891 Santa Barbara Dr #204 PO BOX 7044 Lancaster PA 17601				
Account No: 8366 Creditor # : 12 JM Winston Radiology Assoc PO BOX 5829 415 Reading Ave Reading PA 19610	W	10/2011 Medical Bill				\$ 145.00
<p>Sheet No. <u>3</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;">Subtotal \$ Total \$</p>						<p style="text-align: right;">\$ 779.86</p>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
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Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
H--Husband W--Wife J--Joint C--Community						
Account No: 8366 Representing: JM Winston Radiology Assoc		Apex Asset Management 1891 Santa Barbara Dr #204 PO BOX 7044 Lancaster PA 17601				
Account No: 1062 Creditor # : 13 JM Winston Radiology Assoc PO BOX 5829 415 Reading Ave Reading PA 19610	W	11/2011 Medical Bill				\$ 26.00
Account No: 1062 Representing: JM Winston Radiology Assoc		Apex Asset Management 1891 Santa Barbara Dr #204 PO BOX 7044 Lancaster PA 17601				
Account No: 2624 Creditor # : 14 JM Winston Radiology Assoc PO BOX 5829 415 Reading Ave Reading PA 19610	W	2012 Medical Bill				\$ 26.00
Account No: 2624 Representing: JM Winston Radiology Assoc		Apex Asset Management 1891 Santa Barbara Dr #204 PO BOX 7044 Lancaster PA 17601				
<p>Sheet No. <u>4</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;">Subtotal \$ Total \$</p>						<p>\$ 52.00</p>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2242 Creditor # : 15 JM Winston Radiology Assoc PO BOX 5829 415 Reading Ave Reading PA 19610	W	04/2011 Medical Bill				\$ 26.00
Account No: 8765 Creditor # : 16 JM Winston Radiology Assoc PO BOX 5829 415 Reading Ave Reading PA 19610	W	12/17/2011 Medical Bill				\$ 42.00
Account No: 5R01 Creditor # : 17 One Spirit Book Club Member Service Center PO BOX 916400 Rantoul IL 61866-6400	H	2009 Credit Card				\$ 85.00
Account No: 5R01 Representing: One Spirit Book Club		RJM Acquisitions LLC 575 Underhill Blvd. Suite 224 Syosset NY 11791				
Account No: 83D3 Creditor # : 18 One Spirit Book Club Member Service Center PO BOX 916400 Rantoul IL 61866-6400	W	2012 Unsecured				\$ 290.00

Sheet No. 5 of 13 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ **\$ 443.00**

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 83D3 Representing: One Spirit Book Club		West Bay Acquisitions LLC 42 Ladd Street Suite 322 East Greenwich RI 02818				
Account No: 0R96 Creditor # : 19 Quality Paperback Book Club Member Service Center PO BOX 916400 Rantoul IL 61866-6400	W	2009 Unsecured				\$ 109.00
Account No: 0R96 Representing: Quality Paperback Book Club		RJM Acquisitions Funding LLC 575 Underhill Blvd. Ste 224 Syosset NY 11791				
Account No: 4953 Creditor # : 20 Quest Diagnostics Inc. c/o Patient Bankruptcy Service PO BOX 3099 Southeastern PA 19398	W	2011 Medical Bill				\$ 150.00
Account No: 4936 Creditor # : 21 Quest Diagnostics Inc. c/o Patient Bankruptcy Service PO BOX 3099 Southeastern PA 19398	W	2011 Medical Bill				\$ 71.00
<p>Sheet No. <u>6</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p>						<p>Subtotal \$ <u>\$ 330.00</u></p> <p>Total \$ _____</p>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0482 Creditor # : 22 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	06/2011 Medical Bill				\$ 990.41
Account No: 0521 Creditor # : 23 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	2011 Medical Bill				\$ 721.75
Account No: 0521 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
Account No: 0512 Creditor # : 24 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	8/2011 Medical Bill				\$ 662.67
Account No: 0512 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
<div style="display: flex; justify-content: space-between;"> <div> Sheet No. <u>7</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims </div> <div> Subtotal \$ Total \$ </div> <div> \$ 2,374.83 </div> </div>						

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger
Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0504 Creditor # : 25 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	8/2011 Medical Bill				\$ 2,371.75
Account No: 0504 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
Account No: 0491 Creditor # : 26 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	07/2011 Medical Bill				\$ 670.50
Account No: 0491 Creditor # : 27 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	8/2011 Medical Bill				\$ 670.50
Account No: 0474 Creditor # : 28 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	2011 Medical Bill				\$ 664.61
Sheet No. <u>8</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ <u>\$ 4,377.36</u> Total \$ <u></u>

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pflieger Jr. and Deborah A. Pflieger
Debtor(s)

Case No. 12-18362

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0474 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
Account No: 1072 Creditor # : 29 Reading Hospital & Medical Cen PO Box 14683 Reading PA 19612-4683	W	10/2010 Medical Bill				\$ 3,390.00
Account No: 1072 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
Account No: 1318 Creditor # : 30 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	2011 Medical Bill				\$ 990.00
Account No: 1318 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				

Sheet No. 9 of 13 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 4,380.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger

Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8091 Creditor # : 31 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	2008 Medical Bill				\$ 959.00
Account No: 8091 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
Account No: 0539 Creditor # : 32 Reading Hospital & Medical Cen PO Box 16052 Reading PA 19612-6052	W	08/2011 Medical Bill				\$ 397.50
Account No: 0539 Representing: Reading Hospital & Medical Cen		Accounts Recovery Bureau 555 Van Reed Road Wyomissing PA 19610-1769				
Account No: 8608 Creditor # : 33 St Joseph Medical Center Patient Financial Services 2870 Stoner Court Ste 300 North Liberty IA 52317	W	1/2012 Medical Bill				\$ 1,351.00
Sheet No. <u>10</u> of <u>13</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ <u>\$ 2,707.50</u> Total \$ _____ (Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger

Case No. 12-18362

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3638 Creditor # : 34 St Joseph Medical Center Patient Financial Services PO BOX 644168 Pittsburgh PA 15264-4168	W	4/2011 Medical Bill				\$ 2,819.91
Account No: 7849 Creditor # : 35 St Joseph Medical Center Patient Financial Services PO BOX 644168 Pittsburgh PA 15264-4168	W	11/2011 Medical Bill				\$ 564.00
Account No: 2445 Creditor # : 36 St Joseph Medical Center Patient Financial Services 1643 Lewis Ave Ste 203 Billings MT 59102	W	11/2011 Medical Bill				\$ 3,431.32
Account No: 2934 Creditor # : 37 St Joseph Medical Center Patient Financial Services PO BOX 644168 Pittsburgh PA 15264-4168	W	09/2011 Medical Bill				\$ 984.00
Account No: 2934 Representing: St Joseph Medical Center		PFS Group 7670 Woodway Dr, Ste 250 Houston TX 77063-1519				

Sheet No. 11 of 13 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 7,799.23

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger

Debtor(s)

Case No. 12-18362

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: <u>1131</u> Creditor # : <u>38</u> St. Joseph Medical Center Patient Financial Services 1643 Lewis Ave, Ste 203 Billings MT 59102	W	11/2011 Medical Bill				\$ 2,429.81
Account No: <u>8256</u> Creditor # : <u>39</u> St. Joseph Medical Center Patient Financial Services 1643 Lewis Ave, Ste 203 Billings MT 59102	W	7/2011 Medical Bill				\$ 188.00
Account No: <u>1141</u> Creditor # : <u>40</u> St. Joseph Medical Group 2500 Bernville Road Reading PA 19605-9453	W	10/2011 Medical Bill				\$ 46.15
Account No: <u>0401</u> Creditor # : <u>41</u> Webbank/FreshStart 6250 Ridgewood Road Saint Cloud MN 56303	W	12/2011 Installment Loan				\$ 80.00
Account No: <u>2687</u> Creditor # : <u>42</u> West Reading Radiology 2 Meridian Blvd 2nd Floor Reading PA 19610	W	2012 Medicail Bill				\$ 117.00

Sheet No. 12 of 13 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 2,860.96

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re William D. Pfleger Jr. and Deborah A. Pfleger

Case No. 12-18362

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code. And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2687						
Representing: West Reading Radiology		NTL Recovery Agency 2491 Paxton Street Harrisburg PA 17111				
Account No: 2327	W	2011 Medical Bill				\$ 143.00
Creditor # : 43 West Reading Radiology 2 Meridian Blvd 2nd Floord Reading PA 19610						
Account No: 2327						
Representing: West Reading Radiology		NTL Recovery Agency 2491 Paxton Street Harrisburg PA 17111				
Account No:						
Account No:						

Sheet No. 13 of 13 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 143.00

Total \$

\$ 31,985.41

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re William D. Pfleger Jr. and Deborah A. Pfleger / DebtorCase No. 12-18362

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re William D. Pfleger Jr. and Deborah A. Pfleger / Debtor

Case No. 12-18362
(if known)

SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceeding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor

In re William D. Pfleger Jr. and Deborah A. Pfleger
 Debtor(s)

Case No. 12-18362
 (if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): daughter Son daughter granddaughter	AGE(S): 28 23 21 5
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation	Truck Driver	Unemployed
Name of Employer	Kich Trucking Inc.	
How Long Employed	5 years	
Address of Employer	PO BOX 314 Temple PA 19560	
INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 4,268.33	\$ 0.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00
3. SUBTOTAL	\$ 4,268.33	\$ 0.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 790.36	\$ 0.00
b. Insurance	\$ 0.00	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify):	\$ 0.00	\$ 0.00
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 790.36	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 3,477.98	\$ 0.00
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
8. Income from real property	\$ 0.00	\$ 0.00
9. Interest and dividends	\$ 0.00	\$ 0.00
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
11. Social security or government assistance (Specify): Food Stamps	\$ 0.00	\$ 479.00
12. Pension or retirement income	\$ 0.00	\$ 0.00
13. Other monthly income (Specify): SSD for Dep. Daughter 2011 Pro Rated Tax Refund SSD from State Dep. Daughter	\$ 698.00 \$ 296.91 \$ 22.00	\$ 0.00 \$ 0.00 \$ 0.00
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 1,016.91	\$ 479.00
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 4,494.89	\$ 479.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 4,973.89	
(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)		
17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:		

In re William D. Pflieger Jr. and Deborah A. Pflieger,
Debtor(s)

Case No. 12-18362
(if known)

SCHEDULE J-CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22 A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,179.50
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. Utilities: a. Electricity and heating fuel	\$	325.00
b. Water and sewer	\$	200.00
c. Telephone	\$	0.00
d. Other <u>Cable/Internet/Phone</u>	\$	219.00
Other	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	900.00
5. Clothing	\$	225.00
6. Laundry and dry cleaning	\$	0.00
7. Medical and dental expenses	\$	200.00
8. Transportation (not including car payments)	\$	200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	300.00
10. Charitable contributions	\$	10.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health	\$	0.00
d. Auto	\$	100.00
e. Other	\$	0.00
Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage)		
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other:	\$	0.00
c. Other:	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other: <u>Unforeseen Car Repairs/Inspect</u>	\$	100.00
Other: <u>Personal Care</u>	\$	100.00
	\$	0.00
18. AVERAGE MONTHLY EXPENSES Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	4,158.50
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 16 of Schedule I	\$	4,973.89
b. Average monthly expenses from Line 18 above	\$	4,158.50
c. Monthly net income (a. minus b.)	\$	815.39